



Maricopa County Air Quality Department

1001 N. Central Ave, Suite 400
Phoenix, Arizona 85004-1942
Phone: (602) 506-6094
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Web Site: <http://www.maricopa.gov/aq/>

NOTIFICATION FOR NON-MINOR PERMIT REVISION

Per Rule 220, § 405 and § 406, this notification must be submitted for a currently permitted facility for a non-minor permit revision. This notification is not required for changes in work schedules or relocation of equipment for similar use within a permitted facility.

Submit this notification prior to making the modifications. Complete the application by typing or printing legibly. The submitted notification and documents become the property of the Maricopa County Air Quality Department (Department) and will not be returned. All submitted documents will be available to the public unless a notice of confidentiality has been submitted by the Permittee in accordance with Arizona Revised Statutes (ARS) §49-487 and accepted by the Department in accordance with Maricopa County Air Pollution Control Regulations, Rules 100 and 200. If confidentiality is claimed pursuant to ARS §49-487, a fully completed application with confidential information clearly identified along with a separate copy of the application for public review without the confidential information and a written justification for the confidentiality claimed must be submitted. A filing fee of \$200.00 must accompany your application. The Permittee will be billed at a later date for any additional applicable permit processing fees. If the application is submitted as a result of receiving a notice of violation (NOV), an additional \$100.00 late fee must accompany the application. Before the permit revision is issued, the Permittee will be billed for all permit processing time required for a billable permit action at a rate of \$108.00 per hour, adjusted annually under Department Rule 280 (Fees), §304. An annual administrative fee will also be charged per Rule 280, §302.2. For questions regarding billing, call the Department Business Services at (602) 506-6464.

Items 1 through 17 are to be completed by the Permittee. Complete each of the sections A through Z that apply. Attach manufacturers' drawings and specifications whenever available. If necessary, attach additional sheets to the notification to provide all required information. Please submit the application by completing the attached original forms.

The Maricopa County Air Pollution Control Regulations are available at the above address or may be viewed and/or downloaded from our web site at: <http://www.maricopa.gov/aq/ruledesc.asp>

You may also contact the Department by telephone at (602) 506-6710 or (602) 506-6464 for the costs and information to obtain a full set.

Submit only the sections that apply.

For assistance in completing the application package, small businesses may contact the **Air Quality Resource Center** at (602) 506-5102 or at <http://www.maricopa.gov/sbeap/>



MARICOPA COUNTY
AIR QUALITY DEPARTMENT

1001 North Central Avenue, Suite 400
Phoenix, Arizona 85004
(602) 506-6094, FAX (602) 506-6985
TTY/TTD (602) 506-6704
<http://www.maricopa.gov/aq/>

FOR OFFICIAL USE ONLY
DATE RECEIVED

LOG NUMBER

NOTIFICATION FOR NON-MINOR PERMIT REVISION

(As required by A.R.S. §49-480 and Maricopa County Air Pollution Control Regulations, Rule 200)

READ INSTRUCTIONS FIRST. THE PERMITTEE MUST COMPLETE ITEMS 1 THROUGH 17 AND EACH APPLICABLE SECTION A THROUGH Z.

| | | | |
|---|---------------|---|----------------|
| 1. BUSINESS NAME: | | | |
| 2. IS THIS A PORTABLE SOURCE? | | <input type="checkbox"/> YES (IF YES, PROVIDE THE <u>CURRENT</u> SITE INFORMATION IN ITEMS 2a, 3, AND 3a) <input type="checkbox"/> NO (COMPLETE ITEMS 2a, 3, AND 3a) | |
| 2a. ADDRESS OF SITE: | | | |
| CITY: | | STATE: <u>AZ</u> | ZIP CODE: |
| 3. CONTACT PERSON AT SITE: | | 3a. TELEPHONE AT SITE: | |
| 4. TYPE OF OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Government <input type="checkbox"/> Other - Specify: | | | |
| 5. NAME AND ADDRESS OF OWNERSHIP OR LEGAL ENTITY: | | | |
| 6. OWNERSHIP CONTACT | | 6a. TELEPHONE: | |
| | | 6b. FAX: | |
| 7. SEND ALL CORRESPONDENCE INCLUDING INVOICE AND PERMIT TO: | | COMPANY NAME: _____ | |
| ADDRESS: | | _____ | |
| CITY: | | STATE: | ZIP CODE: |
| ATTN: | | _____ | |
| 8. SIC (STANDARD INDUSTRIAL CLASSIFICATION) CODE(S): | | 9. EXISTING <u>AIR QUALITY PERMIT NUMBER</u> FOR THIS SITE: | |
| 10. BRIEF DESCRIPTION OF BUSINESS/PROCESS AT SITE: | | | |
| _____ | | | |
| 11. OPERATING SCHEDULE: | HOURS PER DAY | DAYS PER WEEK | WEEKS PER YEAR |
| 12. PROJECTED DATE OF COMPLETION: | | | |

13. THE AUTHORIZED CONTACT PERSON REGARDING THIS APPLICATION IS:

NAME _____ TELEPHONE: _____
TITLE _____ FAX: _____
COMPANY _____ E-MAIL: _____

14. I CERTIFY THAT I AM FAMILIAR WITH THE OPERATIONS AND EQUIPMENT REPRESENTED ON THIS APPLICATION AND ATTACHMENTS AND THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS _____ DATE: _____

TYPE OR PRINT NAME AND TITLE _____

15. **SITE DIAGRAM:** DRAW OR ATTACH A SITE LAYOUT SHOWING DISTANCES TO PROPERTY LINES, EQUIPMENT, CONTROLS, DUCTS, STACKS AND EMISSION POINTS. ALSO SHOW STORAGE AREAS FOR FUELS, RAW MATERIALS, CHEMICALS, FINISHED PRODUCTS, WASTE MATERIALS, ETC.

16. **OPERATION & MAINTENANCE (O&M) PLAN(S):** O&M Plans are required for any process that vents emissions through a control device and includes both add-on control type equipment or processes whose controls are integrated into the design of the process equipment. Indicate if your facility has such control devices (the list below is not an inclusive list of control devices).

| <u>EQUIPMENT</u> | <u>NO</u> | <u>YES</u> | <u>HOW MANY?</u> |
|---|--------------------------|--------------------------|------------------|
| BAGHOUSE | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| DUST COLLECTOR / FILTER | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| INCINERATION SYSTEM (E.G., CATALYTIC OR THERMAL OXIDIZER, AFTER BURNER, BOILER, PROCESS HEATER, FLARE) – SPECIFY: _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| SCRUBBER | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ADSORPTION UNIT (E.G., RESIN, CARBON FILTER, OTHER) – SPECIFY: _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ABSORPTION UNIT | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| OTHER – SPECIFY: _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

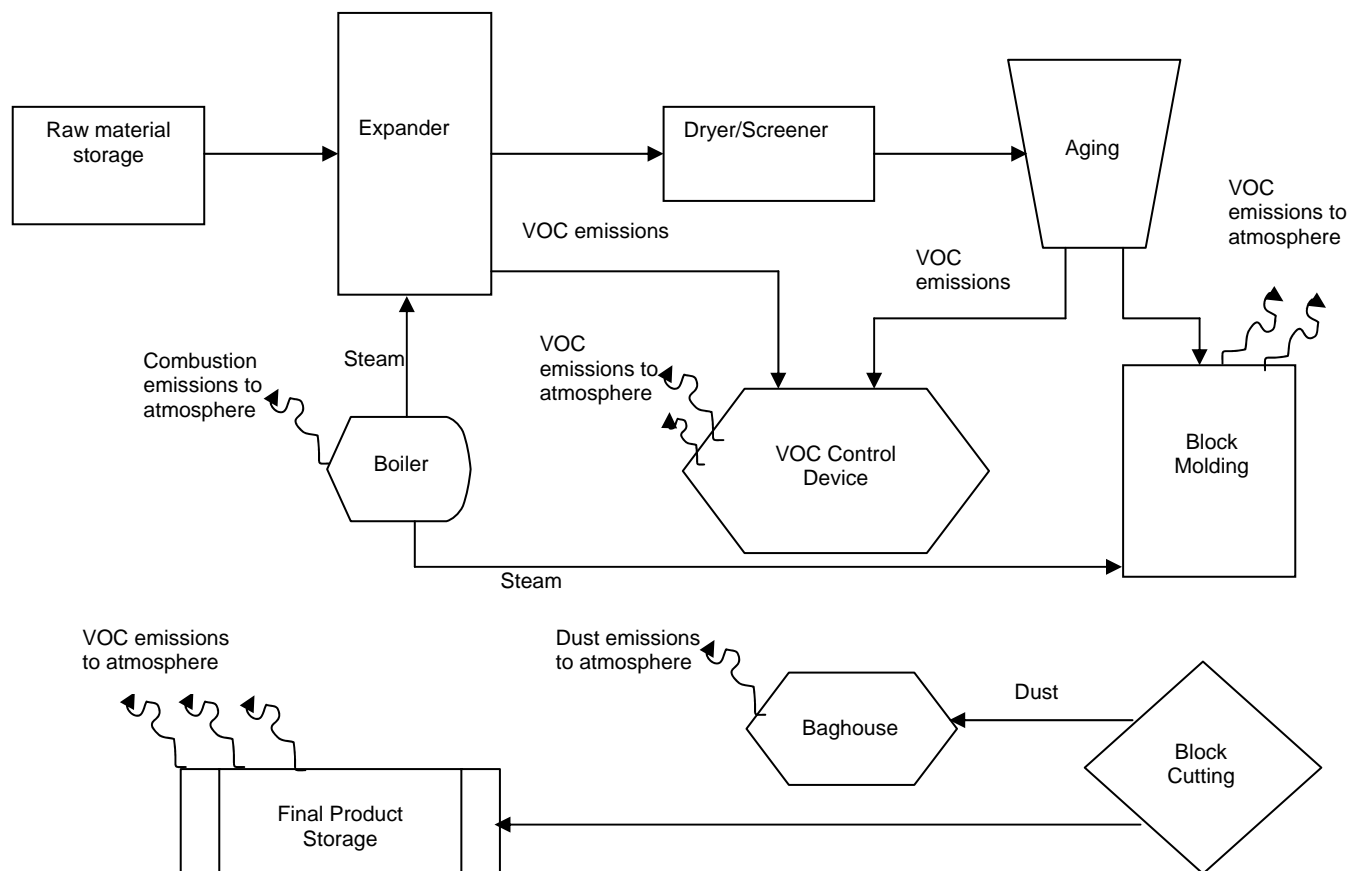
If you checked YES to any of these boxes, attach a separate O&M Plan for each control device. The O&M Plan should describe key system operating parameters and appropriate operating ranges for these parameters. For new equipment or processes, provide an educated estimate of the ranges of any parameters to be monitored. These ranges should be supported with manufacturer's test data or other manufacturer's data from engineering calculations and/or experience with the equipment. In addition, O&M Plans should be prepared in accordance with Maricopa County Air Quality Department - Operation and Maintenance (O&M) Plan Guidelines. A copy of these guidelines can be obtained on our web site at:

<http://www.maricopa.gov/aq/Permits/docs/OMGuidelines.pdf>

or by contacting Diana Nino at (602) 506-6094. Multiple control devices can be combined in a single O&M Plan providing they are identical in type, capacity, and use. A separate O&M Plan is required for each device that is unique in type, capacity, or use.

17. **PROCESS FLOW DIAGRAM:** Attach a flow diagram which indicates how processes/activities are conducted at the facility. Begin with raw materials and show each step in the production process. Also indicate emissions control devices and all emission points. An example process flow diagram is provided below.

EXAMPLE PROCESS FLOW DIAGRAM



SECTION A. FUEL BURNING EQUIPMENT

Complete this section if you burn natural gas, propane, butane, fuel oils, diesel, kerosene, gasoline, fuel oil blended with used oil, coal, charcoal, wood, or any other fossil fuel. Provide complete specifications for non-commercial and special fuels. Describe equipment such as boilers, furnaces, space heaters, water heaters, dryers, pool and spa heaters, kilns, ovens, burners, stoves, steam cleaners, hot water pressure washers, etc, with an input rating of 300,000 Btu/hr or more. List on separate lines all equipment with differing input Btu/hour ratings. Do not include vehicles, forklifts, lawnmowers, weed eaters and hand-held equipment operating on fossil fuels. Items such as asphalt kettles, incinerators, crematories, and emission control devices burning fuel are not to be listed in this section but shall be described in Section Y. Internal combustion engines and gas turbines are to be listed in Section B.

| FUEL | EQUIPMENT DESCRIPTION. INCLUDE MAKE & MODEL. DESCRIBE AIR POLLUTION ABATEMENT/CONTROLS, IF ANY | DATE OF INSTALLATION | HOW MANY | NUMBER OF HOURS IN OPERATION DAILY | NUMBER OF HOURS IN OPERATION ANNUALLY | SPECIFY EACH EQUIPMENT RATING (Btu/hr or MM Btu/hr) |
|------|--|----------------------|----------|------------------------------------|---------------------------------------|---|
| | | | | | | |
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|--|
| DO YOU INTEND TO BURN USED OIL, USED OIL FUEL, HAZARDOUS WASTE, OR HAZARDOUS WASTE FUEL? |
|--|

SECTION B. INTERNAL COMBUSTION ENGINES & TURBINES

This section applies to stationary and portable fuel-fired equipment such as generators, fire pumps, air conditioning compressor engines, co-generation units, etc. Indicate in the description if the equipment is only for emergency use. Attach engine emission factors or emissions data, and specification sheets from manufacturer. Provide load factor data from manufacturer if applicable. Do not include vehicles, forklifts, lawnmowers, weed eaters and hand-held equipment operating on fossil fuels.

| FUEL | EQUIPMENT DESCRIPTION. INCLUDE MAKE & MODEL. DESCRIBE AIR POLLUTION ABATEMENT/CONTROLS, IF ANY | DATE OF INSTALLATION | HOW MANY | NUMBER OF HOURS IN OPERATION DAILY | NUMBER OF HOURS IN OPERATION ANNUALLY | SPECIFY EACH EQUIPMENT POWER RATING (Btu/hr, hp, KW or other rating) |
|------|--|----------------------|----------|------------------------------------|---------------------------------------|--|
| | | | | | | |
| | | | | | | |
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SECTION C. PETROLEUM STORAGE TANKS

This section applies to storage of gasoline and other fuels which have a true vapor pressure of 1.5 psia (77.6 mm of mercury) or greater under actual loading conditions. Petroleum terminals and bulk plants must use Section Y instead of this section. Storage tanks containing liquids with a vapor pressure less than 1.5 psia (other than fuels, such as non-petroleum organic liquids, caustic solutions, acids, etc.) must use Section Y.

1. DESCRIBE TANKS AND PRODUCTS STORED:

| HOW MANY | CAPACITY OF EACH TANK | DATE OF INSTALLATION | ABOVE GROUND OR UNDERGROUND | PRODUCT STORED |
|----------|-----------------------|----------------------|-----------------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. ESTIMATE TOTAL ANNUAL THROUGHPUT FOR EACH PRODUCT STORED IN THESE TANKS (GALLONS/YEAR):

3. RETAIL ☐ NON-RETAIL ☐

4. EMISSION CONTROLS: STAGE ONE VAPOR RECOVERY: 2-POINT ☐ COAXIAL ☐ Y/WYE ☐

STAGE II ☐

NONE ☐

5. SUBMERGED FILL ☐

BOTTOM FILL ☐

OTHER ☐ SPECIFY: _____

6. ARE THERE ANY DEVICES OR PROTRUSIONS IN THE PRODUCT FILL PIPE, SUCH AS THEFT OR OVERFILL PREVENTION DEVICES WHICH IMPAIR OR PREVENT MEASURING THE FILL SLEEVE RELATIVE TO THE BOTTOM OF THE TANK? ☐ YES ☐ NO

IF YES, DESCRIBE: _____

SECTION D. WATER & SOIL REMEDIATION

This section applies to any site where clean-up activities for contaminated soil or water will be conducted.

1. TYPE OF CONTAMINANT: ☐ DIESEL ☐ GASOLINE ☐ OTHER, SPECIFY _____

2. CONTAMINATED MATERIAL: ☐ SOIL _____ CUBIC YARDS ☐ WATER _____ GALLONS

3. CONCENTRATION OF EACH CONTAMINANT: _____ (specify unit of measure)

4. OTHER AGENCIES NOTIFIED: ☐ CITY OF _____

☐ ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

5. BRIEFLY DESCRIBE PROCEDURE: _____

6. ESTIMATED VOC EMISSION RATES: BEFORE THE CONTROL DEVICE: _____ LB/DAY; _____ LB/HR

AFTER THE CONTROL DEVICE: _____ LB/DAY; _____ LB/HR

7. ESTIMATE LENGTH OF TIME FOR COMPLETION OF THIS PROJECT: _____ MONTHS

8. DESCRIBE TYPE AND EFFICIENCY OF CONTROLS FOR AIR EMISSIONS:

(Use separate page if necessary) _____

9. PROJECTED START-UP AND COMPLETION DATES: _____

10. ATTACH FULL DETAILS OF SCOPE OF WORK, TREATMENT PROCEDURES, SPECIFICATIONS, TEST RESULTS, AND PLAN FOR CLOSURE.

SECTION E-1. SPRAY PAINTING & OTHER SURFACE COATING (NON-VEHICLE).

This section applies to but is not limited to: spray painting, powder coating, dipping, ultrasound coating and roller, brush and wipe applications. In response to items 1 and 2, list all materials used in painting or coating operations, including but not limited to: paints, primers, clear coats, catalysts, thinners, reducers, accelerators, retarders, paint strippers, gun cleaners, cleaning solvents, stains, plastic coatings, adhesives and surface preparation materials. For each material listed, provide manufacturer's technical data sheet or material safety data sheet (MSDS) and number them to correspond to the table below. If more room is necessary, attach additional material and/or equipment lists that include all information requested below. Use Section E-2 for vehicle spray painting operations.

1. LIST ALL LIQUID MATERIALS:

| MSDS NUMBER | NAME/TYPE OF MATERIAL (Attach & number MSDS) | ESTIMATED USAGE (gal/yr) | VOC CONTENT (lb/gal) | GAL/YR RECLAIMED OR SHIPPED AS WASTE | VOC EMISSIONS (lb/yr) |
|-------------|---|-----------------------------|-------------------------|---|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. LIST ALL POWDER COATING MATERIALS:

| NAME/TYPE – ATTACH MSDS OR SPECIFICATIONS | ANNUAL USAGE (lb/yr) |
|---|-------------------------|
| | |
| | |
| | |

3. DESCRIBE SUBSTRATE BEING COATED (such as metal, plastic, etc.): _____

DESCRIBE PRODUCT BEING COATED
(such as computer cabinets, waterbed frames, etc.): _____

4. DESCRIBE THE METHOD OF APPLICATION:

- a. ☐ Air Atomization
Operating pressure: _____ (psi)
- b. ☐ Pressure Atomization (Airless)
- c. ☐ Combined Air and Airless
- d. ☐ High Volume Low Pressure (HVLP)
- e. ☐ Electrostatic
- f. ☐ Other (specify): _____

5. DESCRIBE FACILITY(IES) FOR APPLYING COATINGS. ATTACH MANUFACTURER'S SPECIFICATIONS.

| # | ENCLOSURE OR BOOTH | SIZE (L x W x H) | DATE OF INSTALLATION | EXHAUST FAN C.F.M. | FILTER SYSTEM & EFFICIENCY* |
|---|--------------------|---------------------|-------------------------|-----------------------|--------------------------------|
| 1 | | | | | |
| 2 | | | | | |

*PROVIDE WRITTEN DOCUMENTATION OF FILTER EFFICIENCY (i.e., manufacturer's data or source test data)

6. WILL ALL SPRAYING OPERATIONS BE CONDUCTED INSIDE A BOOTH OR ENCLOSED BUILDING?:
IF THE ANSWER IS NO, DESCRIBE THE AREA AND EXPLAIN HOW THE OVERSPRAY WILL BE CONTROLLED: _____

7. DESCRIBE ANY RAIN CAP ON THE STACK: _____

8. ARE ANY COATINGS BAKED, OVEN-CURED OR HEAT-TREATED? WHICH ONES? AT WHAT TEMPERATURE? PROVIDE A COMPLETE DESCRIPTION AND SPECIFICATIONS FOR THE OVENS. IF OVENS ARE FUEL-FIRED, ALSO INCLUDE THEM IN SECTION A OF THIS APPLICATION.

9. DESCRIBE CLEAN-UP OF COATING EQUIPMENT AND HOW CLEAN-UP SOLVENT IS DISPOSED (Complete Section F, if applicable):

SECTION E-2. SPRAY PAINTING (VEHICLE)

YOUR FACILITY MAY NOT REQUIRE A NON-TITLE V PERMIT IF THE FACILITY IS ELIGIBLE TO OBTAIN AN AUTHORITY TO OPERATE (ATO) UNDER A GENERAL PERMIT (REFER TO PAGE 3 OF THE INSTRUCTIONS TO DETERMINE ELIGIBILITY).

This section applies to auto body shops, collision repair shops and to any person or facility in Maricopa County recoating previously paint-finished vehicles or parts of vehicles. This includes cars, large and small trucks, recreational and off-road vehicles of all types including, but not limited to, self-propelled movers of earth and/or materials. The refinishing of any machinery or wheeled trailer that is designed to be able to move or be towed on a highway is also included. Provide material safety data sheets (MSDS) for each material and number them to correspond to the table below. If more room is necessary, attach additional material and/or equipment lists that include all information requested below. Use Section E-1 for non-vehicle spray painting and surface coating operations.

1. LIST ALL MATERIALS APPLIED:

| MSDS NUMBER | TYPE OF MATERIAL (attach MSDS or specifications) | VOLATILE ORGANIC COMPOUND (VOC) CONTENT* (lb/gal or gram/liter) | ESTIMATED USAGE (gal/yr) | AMOUNT OF WASTE DISPOSAL** (gal/yr) |
|-------------|---|---|--------------------------------|---|
| | Strippers | | | |
| | Surface preparation/cleaning fluids | | | |
| | Primers | | | |
| | Enamels | | | |
| | Catalysts | | | |
| | Sealers | | | |
| | Topcoats | | | |
| | Retarders | | | |
| | Accelerators | | | |
| | Thinners | | | |
| | Reducers | | | |
| | Strippable booth coatings | | | |
| | Other: | | | |

*Less water and non-precursors

**Method(s) of waste disposal: _____

2. DESCRIBE THE METHOD OF APPLICATION :

- a. ☐ Air Atomization
Operating pressure: _____(psi)
- b. ☐ Pressure Atomization (Airless)
- c. ☐ Combined Air and Airless
- d. ☐ High Volume Low Pressure (HVLV)
- e. ☐ Electrostatic
- f. ☐ Other (specify): _____

3. GUN CLEANING EQUIPMENT (specify each piece of equipment or refer to Section F):

| EQUIPMENT TYPE | HOW MANY | MANUFACTURER, MODEL # | DATE OF INSTALLATION | SOLVENT TYPE (Attach MSDS) | ANNUAL SOLVENT USAGE (gal/yr) | QUANTITY OF SOLVENT DISPOSED (gal/yr) |
|----------------|----------|-----------------------|----------------------|-------------------------------|----------------------------------|--|
| | | | | | | |
| | | | | | | |

4. METHOD OF DRYING FOR SPRAYED ITEMS:

- a. ☐ Air Dried
- b. ☐ Oven Dried or Baked: ☐ Electric: _____ KW; or ☐ Gas Fired: _____ Btu/hr (Complete Section A)

5. DESCRIBE FACILITY(IES) FOR APPLYING COATINGS. ATTACH MANUFACTURER'S SPECIFICATIONS.

| # | TYPE (Enclosure or Booth) | SIZE (L X W X H) | DATE OF INSTALLATION | DIFFERENTIAL PRESSURE MEASUREMENT DEVICE? (Y/N) | EXHAUST FAN (C.F.M.) | TYPE OF FILTER SYSTEM & EFFICIENCY* |
|---|-------------------------------|---------------------|-------------------------|--|----------------------------|---|
| 1 | | | | | | |
| 2 | | | | | | |

*PROVIDE WRITTEN DOCUMENTATION OF FILTER EFFICIENCY (i.e., manufacturer's data or source test data)

6. WILL ALL SPRAYING OPERATIONS BE CONDUCTED INSIDE A BOOTH OR ENCLOSED BUILDING? _____

IF THE ANSWER IS NO, DESCRIBE THE AREA AND EXPLAIN HOW THE OVERSPRAY WILL BE CONTROLLED: _____

7. DESCRIBE ANY RAIN CAP ON THE STACK: _____

SECTION F. SOLVENT CLEANING

1. COMPLETE THE TABLE BELOW FOR ALL SOLVENT CLEANING DEVICES USED. ATTACH MANUFACTURER'S EQUIPMENT SPECIFICATIONS/LITERATURE WHENEVER AVAILABLE.
2. ON A SEPARATE ATTACHMENT, PLEASE PROVIDE ANY ADDITIONAL EQUIPMENT INFORMATION, USAGE RATE AND/OR OPERATING PARAMETERS FOR SOLVENT CLEANING DEVICES UTILIZING ANY OF THE FOLLOWING HALOGENATED SOLVENTS: METHYLENE CHLORIDE, PERCHLOROETHYLENE, TRICHLOROETHYLENE, 1,1,1 – TRICHLOROETHANE, CARBON TETRACHLORIDE AND/OR CHLOROFORM.

| TYPE OF SOLVENT CLEANING DEVICE ¹ (see list below) | HOW MANY | MANUFACTURER, MODEL | DATE OF INSTALLATION | SOLVENT SURFACE DIMENSIONS | FREEBOARD HEIGHT (inches) | INTERNAL VOLUME (gallons) | NAME OF SOLVENT TO BE USED (include MSDS) | ANNUAL SOLVENT USAGE [gallons] | DISPOSAL QUANTITY (gallons) | DISPOSAL METHOD ² |
|---|-------------|------------------------|-------------------------|----------------------------------|---------------------------------|---------------------------------|---|-----------------------------------|-----------------------------------|---------------------------------|
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- NOTES:
- ¹ SPECIFY THE TYPE OF EQUIPMENT FROM THE FOLLOWING LIST:

1. COLD CLEANER (NO BOILING) WITH REMOTE RESERVOIR

2. COLD CLEANER (NO BOILING) WITHOUT REMOTE RESERVOIR

3. BATCH LOADED VAPOR DEGREASER

4. CONVEYORIZED VAPOR DEGREASER

5. CONVEYORIZED NON-VAPOR DEGREASER

6. OTHER (SPECIFY)

- ² IF WASTE SOLVENT IS REDISTILLED ON SITE, PROVIDE INFORMATION ON THE STILL, INCLUDING MANUFACTURER'S LITERATURE:

SECTION G. PLATING, ETCHING & OTHER METAL FINISHING PROCESSES

USE A SEPARATE SHEET FOR EACH PROCESS LINE. IF ADDITIONAL SPACE IS REQUIRED, ATTACH SEPARATE SHEETS FOLLOWING THE SAME FORMAT AS BELOW. IF ANY TANK IS HEATED BY A FLAME, BE SURE TO INCLUDE THE BURNER INFORMATION IN SECTION A. EVAPORATION FROM OPEN PONDS OR EVAPORATING TANKS IS NOT PERMITTED FOR MATERIALS SUCH AS ACIDS, ALKALIS, VOCs OR MATERIALS CONTAINING VOCs.

1. PROCESS NARRATIVE DESCRIPTION: _____

2. On a separate page, provide a simple process (block flow) diagram with emission points and/or emission areas and control equipment identified. Please include a brief narrative description of this process. Be sure to indicate how waste solutions and rinse waters are disposed. If a wastewater evaporator is used, provide detailed information (i.e., make, model, capacity, fuel source, burner rating, etc.) on a separate page.

3. PROCESS TANKS (exclude rinse and wastewater tanks):

| ASSIGNED EQUIPMENT NUMBER | CAPACITY (gallons) | TYPE OF CHEMICAL IN TANK | SURFACE AREA (SQ. FT.) | TEMP (°F) | CONCEN- TRATION (%) | pH | EXHAUST | |
|---------------------------------|-----------------------|--------------------------------|------------------------------|--------------|---------------------------|----|----------------|--------------------|
| | | | | | | | VENT TO AIR | VENT TO CONTROL |
| | | | | | | | | |
| | | | | | | | | |
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4. LIST MATERIALS TO BE USED: The equipment number is to be taken from item 3, column 1. Include a copy of the Material Safety Data Sheet (MSDS) for each material and number the MSDS to correspond to the table below.

| MSDS NUMBER | MATERIAL | CONCENTRATION (%) IN BATH | ANNUAL USAGE (gal/yr or lb/yr) | EQUIPMENT NUMBER IN WHICH USED |
|----------------|----------|------------------------------|-----------------------------------|--------------------------------------|
| | | | | |
| | | | | |
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5. AIR POLLUTION CONTROL EQUIPMENT: (From item 3 column 9)

On a separate page, describe the design and operational parameters of the control device. For example, the liquid flow rate, gas flow rate, control efficiency for each compound in weight %, pH set point, how the pH is controlled, operating temperature, etc. Is the capture system push-pull, enclosed, or hood? If it is a push-pull, will anything (racks, works in progress, etc.) block push air during operation?

| CONTROL EQUIPMENT ID | CONTROL EQUIPMENT DESCRIPTION AND CAPACITY | MAKE & MODEL | CONTROL EFFICIENCY* (%) | CFM or FPS | DATE OF INSTALLATION |
|----------------------------|---|--------------|-------------------------------|---------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*PROVIDE WRITTEN DOCUMENTATION OF CONTROL EFFICIENCY (i.e., manufacturer's data or source test data). Attach the manufacturer's specifications and drawings for each air pollution control device listed. Be sure that the locations of all flow devices and pressure/temperature gauges are indicated. Attach an operation and maintenance plan for each piece of control equipment listed above.

SECTION H. DRY CLEANING EQUIPMENT

1. SOLVENT USED: _____ ESTIMATED USAGE: _____ gallons/year

2. ☐ DRY-TO-DRY ☐ TRANSFER

3. DATE OF INSTALLATION OF DRY CLEANING EQUIPMENT: _____

4. LIST DRY CLEANING-RELATED EQUIPMENT:

| DESCRIBE EQUIPMENT, INCLUDING MAKE & MODEL | HOW MANY | CAPACITY (lbs) | EXHAUST FLOW RATE (specify CFM or FPS) | |
|--|----------|----------------|--|-----------------|
| | | | VENT TO AIR | VENT TO CONTROL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. COOLING TOWER: ☐ YES ☐ NO IF YES, CAPACITY: _____ GALS; _____ TONS COOLING CAPACITY

6. EMISSION CONTROLS: ☐ REFRIGERATED CONDENSING COILS: ☐ BUILT IN ☐ SEPARATE CONDENSING UNIT

☐ CARBON ADSORBER

☐ OTHER (SPECIFY) _____

DATE OF INSTALLATION OF CONTROL EQUIPMENT: _____
ATTACH MANUFACTURER'S SPECIFICATIONS.

6. STEAM BOILERS USED SPECIFICALLY FOR STRIPPING ADSORBER AND/OR PRESSING: (Include all others in Section A.)

| FUEL | BOILER DESCRIPTION, INCLUDING MAKE & MODEL | DATE OF INSTALLATION | GROSS BTU/HR, H.P. OR OTHER RATING |
|------|--|----------------------|------------------------------------|
| | | | |
| | | | |
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SECTION I. GRAPHIC ARTS

THIS SECTION APPLIES TO GRAPHIC ARTS OPERATIONS AND ASSOCIATED COATING PROCESSES THAT ARE NOT ELIGIBLE FOR THE GENERAL PERMIT. THIS INCLUDES BUT IS NOT LIMITED TO CIRCUITRY PRINTING, FLEXOGRAPHIC, GRAPHIC ARTS, GRAVURE, LAMINATION, LETTER PRESS LITHOGRAPHIC, AND SCREEN PRINTING OPERATIONS.

1. EQUIPMENT LIST (LIST EACH PRESS INDIVIDUALLY):

| ASSIGNED EQUIPMENT NUMBER | PRESS MANUFACTURER, MODEL | DATE OF INSTALLATION | IMPRESSION AREA (SQUARE IN) | PRESS TYPE* | # OF PRINTING STATIONS | EXHAUST FLOW RATE (SPECIFY CFM OR FPS) | |
|---------------------------------|------------------------------|-------------------------|-----------------------------------|----------------|------------------------------|---|----------------------------------|
| | | | | | | VENT TO AIR | VENT TO CONTROL (IDENTIFY) |
| | | | | | | | |
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| | | | | | | | |

* (F) Flexographic, (L) Lithographic, (G) Gravure, (LP) Letter Press, (S) Screen, Other (please specify)

2. MATERIALS LIST:

List all materials including, but not limited to, inks, fountain solution, blanket wash, varnishes, roller wash, etch solutions, fixers, developers, replenishers, alcohol substitutes, finishers, adhesives, solvents, and cleanup materials. Complete the table below for each material. Provide material safety data sheets (MSDS) for each material and number them to correspond to the table below.

| MSDS NUMBER | MATERIAL | ANNUAL USAGE OR THROUGHPUT SPECIFY: (gal/yr or lb/yr) | VOC CONTENT (% BY WEIGHT) | AMOUNT RECLAIMED OR SHIPPED AS WASTE SPECIFY: (gal/yr or lb/yr) |
|----------------|----------|---|------------------------------|---|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

3. SUBSTRATE TYPE:

- ☐ POROUS ☐ COATED
☐ NONPOROUS ☐ UNCOATED

4. DESCRIBE CONTROL DEVICES:

How are volatile organic compound (VOC) emissions controlled? Provide flow diagrams and/or briefly describe. Include equipment type, manufacturer, model, date of installation, rating, efficiency, ID or serial number, and location. Attach vendor data sheets and general design details. Provide Operation & Maintenance Plans for each control device.

SECTION J-1. CONCRETE BATCH PLANTS

THIS SECTION IS INTENDED FOR ALL PROCESSES, EQUIPMENT AND RELATED EMISSION CONTROLS FOR CONCRETE BATCH PLANTS. PROVIDE FLOW DIAGRAMS AND LAYOUTS FOR EACH PROCESS. AN OPERATION AND MAINTENANCE PLAN FOR EACH AIR POLLUTION CONTROL EQUIPMENT IS REQUIRED. DESCRIBE HOW THE ANNUAL QUANTITY FIGURES WERE DEVELOPED. IF AGGREGATE CRUSHING OCCURS IN CONJUNCTION WITH THIS PROCESS, YOU MUST ALSO COMPLETE SECTION Y.

1. RAW MATERIALS: List all materials handled, stored, processed, used, mixed, treated, or emitted.

| MATERIAL TYPE/TRANSFER OPERATION | MAXIMUM ANNUAL USAGE OR THROUGHPUT (tons/yr) |
|--|---|
| Sand delivered to ground storage | |
| Aggregate delivered to ground storage | |
| Sand transfer to conveyor (account for multiple transfer points) ¹ | |
| Aggregate transfer to conveyor (account for multiple transfer points) ¹ | |
| Sand transfer to elevated storage bin | |
| Aggregate transfer to elevated storage bin | |
| Cement transfer to elevated silo | |
| Cement Supplement (such as flyash) transfer to elevated silo | |
| Weigh hopper loading (sand and aggregate only) | |
| Mixer loading - central mix (cement and supplement only) | |
| Truck loading - truck mix (cement and supplement only) | |
| Other | |
| | |
| | |

NOTE: ¹For sand and aggregate transfer to conveyor, account for multiple transfer points. For example, if 100 tons of sand is transferred three times to different conveyors, the total throughput of sand is 300 tons.

2. RAW MATERIAL UNLOADING:

How is cement transferred to silo? ☐ Bucket Elevator ☐ Pneumatic

☐ Other (Describe) _____

How is flyash and other materials transferred to silo? ☐ Bucket Elevator ☐ Pneumatic

☐ Other (Describe) _____

3. PROCESSING:

Describe each piece of equipment utilizing the table below. List weigh hoppers, conveyors, mixers, etc. Assign an equipment number in the table below and label the attached flow diagram accordingly. Attach additional pages if necessary

| Equipment Number | Make Model & Serial Number | Date of Manufacture | Maximum Design Throughput Capacity (Tons/hr) | Exhaust To | |
|------------------|----------------------------|---------------------|--|------------|---------|
| | | | | Air | Control |
| | | | | | |
| | | | | | |
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CONTINUED ON NEXT PAGE

SECTION J-1. CONCRETE BATCH PLANTS - CONTINUED

4. MAXIMUM CAPACITY OF CONCRETE BATCH PLANT (tons/hr): _____

5. LOADOUT:

What percent of finished product is mixed: On-site? _____ In transit? _____

Other? _____ (Describe) _____

6. CONTROL DEVICES: Attach an Operation and Maintenance Plan for each control device.

| Equipment Number | Equipment Controlled* | Type of Device | Make, Model, & Serial Number | Maximum Design Air Flow Rate (CFM) | Control Efficiency** (% Weight) |
|------------------|-----------------------|----------------|------------------------------|------------------------------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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*Specify the equipment number from Section 3 for the piece of equipment whose emissions are being controlled by the control device.

**Provide written documentation of control efficiency (e.g., manufacturer's data or actual test data).

7. VEHICLE TRAVEL ON UNPAVED ROADS:

Indicate the number of miles traveled on-site annually on unpaved roads for each class of vehicle specified below.

| VEHICLE TYPE | VEHICLE MILES TRAVELED ANNUALLY (VMT) | | | |
|---|---------------------------------------|--------|--------|--------------|
| | 10 MPH | 15 MPH | 20 MPH | OTHER SPEED: |
| Light Duty (e.g., pickup trucks, cars) | | | | |
| Medium Duty (e.g., front end loaders, fork lifts) | | | | |
| Heavy Duty (e.g., haul trucks, cranes) | | | | |

8. NUMBER OF AGGREGATE, MIXER, AND/OR BATCH TRUCKS EXITING THE FACILITY ON ANY DAY: _____

9. NUMBER OF ACRES OF SAND AND AGGREGATE STORAGE PILES: _____

10. DOES THIS FACILITY HAVE A STREET SWEEPER? _____ WHEN WAS IT PURCHASED? _____

IS THE SWEEPER CERTIFIED BY THE SOUTH COAST AIR QUALITY MANAGEMENT RULE 1186? _____

SECTION J-2. NON-METALLIC MINERAL MINING AND PROCESSING

(EXCEPT CONCRETE BATCH PLANTS AND ASPHALT PLANTS)

THIS SECTION IS INTENDED FOR ALL PROCESSES, EQUIPMENT AND RELATED EMISSION CONTROLS FOR SAND AND GRAVEL PLANTS. PROVIDE FLOW DIAGRAMS AND LAYOUTS FOR EACH PROCESS. AN OPERATION AND MAINTENANCE PLAN FOR EACH AIR POLLUTION CONTROL EQUIPMENT IS REQUIRED. DESCRIBE HOW THE ANNUAL QUANTITY FIGURES WERE DEVELOPED.

1. MATERIALS: List all materials handled, stored, processed, used, mixed, treated, or emitted.

| MATERIAL | MAXIMUM ANNUAL USAGE OR THROUGHPUT (tons/yr) |
|-----------|---|
| Sand | |
| Aggregate | |
| Other | |
| | |
| | |

2. PROCESS NARRATIVE DESCRIPTION:

3. PROCESS EQUIPMENT:

Describe each piece of equipment utilizing the table below. List crushers, screens, weigh hoppers, conveyors, stackers, mixers, etc. Assign an equipment number in the table below and label the attached flow diagram accordingly. Assign a unique number to each piece of control equipment in Table 3 below. Be sure to use this number in Section 3 below when describing equipment. Attach additional pages if necessary

| Equipment Number | Make Model & Serial Number | How Many? | Date of Manufacture | Maximum Design Throughput Capacity (tons/hr) | Exhaust To | |
|------------------|----------------------------|-----------|---------------------|--|------------|---------|
| | | | | | Air | Control |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

4. CONTROL DEVICES:

| Equipment Number | Type of Device | Make, Model, & Serial Number | Maximum Design Air Flow Rate (CFM) | Control Efficiency* (% Weight) |
|------------------|----------------|------------------------------|------------------------------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

*PROVIDE WRITTEN DOCUMENTATION OF CONTROL EFFICIENCY (e.g., manufacturer's data or actual test data)

**ATTACH AN OPERATION AND MAINTENANCE PLAN FOR EACH PIECE OF CONTROL EQUIPMENT LISTED ABOVE.

5. VEHICLE TRAFFIC ON UNPAVED ROADS:

Indicate the number of miles traveled on-site annually on unpaved roads for each speed and vehicle class specified below.

| VEHICLE TYPE | VEHICLE MILES TRAVELED ANNUALLY (VMT) | | | |
|---|---------------------------------------|--------|--------|--------|
| | 10 MPH | 15 MPH | 20 MPH | OTHER: |
| Light Duty (e.g., pickup trucks, cars) | | | | |
| Medium Duty (e.g., front end loaders, fork lifts) | | | | |
| Heavy Duty (e.g., haul trucks, cranes) | | | | |

SECTION K. ASPHALT PRODUCTION

This section is intended for all processes, equipment and related emission controls for asphalt plants. Provide flow diagrams and layouts for each process. An Operation and Maintenance Plan for each air pollution control device is required. Describe how the annual quantity figures were developed. If you own/operate aggregate crushing equipment which operates on-site with this batch plant you must also fill out Section Y.

1. MAXIMUM DESIGN PRODUCTION CAPACITY: _____ TONS PER HOUR _____ TONS PER YEAR
2. ACTUAL PRODUCTION RATE: _____ TONS PER HOUR
3. DAILY HOURS OF OPERATION: _____
4. TYPE OF PLANT: ☐ BATCH MIX ☐ CONTINUOUS MIX
5. DRYER FUEL TYPE & HEAT RATING: ☐ NATURAL GAS ☐ FUEL OIL (Specify grade): _____ ☐ DIESEL ☐ ON SPEC. USED OIL
☐ OTHER FUEL (Specify): _____
 HEAT RATING (BTU/HR): _____
6. ASPHALT HEATER: (if applicable) ☐ ELECTRIC
☐ FUEL FIRED: FUEL TYPE: _____ HEAT RATING (BTU/HR): _____
 TEMPERATURE OF HEATED ASPHALT: _____ °F
7. AGGREGATE MIX RATIO BY WEIGHT: _____ % VIRGIN AGGREGATE
 _____ % RECYCLED AGGREGATE
 _____ % PETROLEUM CONTAMINATED SOIL
 _____ % RUBBER OR RUBBER-LIKE MATERIAL
8. PERCENT VOCs BY VOLUME WHICH EVAPORATE AT 500°F FOR THE FOLLOWING ASPHALT TYPES: EMULSIFIED: _____ % CUTBACK: _____ %
9. DATE PLANT WAS MANUFACTURED OR RECONSTRUCTED: _____
10. DESCRIBE CONTROL DEVICES:

| TYPE OF DEVICE | MAKE, MODEL, & SERIAL NUMBER | MAXIMUM DESIGN AIR FLOW RATE (CFM) | CONTROL EFFICIENCY (% WEIGHT) |
|----------------|------------------------------|------------------------------------|-------------------------------|
| | | | |
| | | | |

*PROVIDE WRITTEN DOCUMENTATION OF CONTROL EFFICIENCY (e.g., manufacturer's data or actual test data)

**ATTACH AN OPERATION AND MAINTENANCE PLAN FOR EACH PIECE OF CONTROL EQUIPMENT LISTED ABOVE.

11. VEHICLE TRAFFIC ON UNPAVED ROADS: Indicate the number of miles traveled on-site annually on unpaved roads for each speed and vehicle class specified below.

| VEHICLE TYPE | VEHICLE MILES TRAVELED ANNUALLY (VMT) | | | |
|---|---------------------------------------|--------|--------|--------|
| | 10 MPH | 15 MPH | 20 MPH | OTHER: |
| Light Duty (e.g., pickup trucks, cars) | | | | |
| Medium Duty (e.g., front end loaders, fork lifts) | | | | |
| Heavy Duty (e.g., haul trucks, cranes) | | | | |

SECTION L. WOOD FURNITURE MANUFACTURING OR WOOD WORKING OPERATIONS

This section is intended for all processes, equipment, and related emission controls associated with the manufacture and/or application of finishing material to furniture or fixtures made of wood or wood-derived material.

1. Woodworking Equipment: List all woodworking equipment including, but not limited to, saws, routers, planers, sanders, edgers, etc. Particulate (dust) control devices such as cyclones, baghouse, etc. should be listed in the exhaust column. Attach additional sheets if necessary.

| DESCRIBE EACH PIECE OF EQUIPMENT INCLUDE MAKE AND MODEL NUMBER | QTY | HP RATING | EXHAUST | | |
|---|-----|--------------|----------------------------|--------------------|------------------------|
| | | | VENT TO AIR (YES OR NO) | VENT TO CONTROL | |
| | | | | TYPE OF CONTROL | CONTROL EFFICIENCY* |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*PROVIDE WRITTEN DOCUMENTATION OF CONTROL EFFICIENCY (e.g., manufacturer's data or actual test data)

2. How much sawdust is produced annually? _____ cubic yards or tons (specify)

3. SURFACE PREPARATION AND COATING: List all VOC-containing materials applied. Provide Material Safety Data Sheets (MSDSs) for each material and number them to correspond to the table below. Attach additional sheets if necessary.

| MSDS NO. | TYPE OF MATERIAL | MAX VOC AS APPLIED (lb/lb or gram/liter) | ESTIMATED USAGE (gal/yr) | AMOUNT OF WASTE DISPOSAL (gal/yr) |
|-------------|-------------------------------------|---|--------------------------------|---|
| | Topcoat | | | |
| | Topcoat | | | |
| | Topcoat | | | |
| | Sealer | | | |
| | Acid-cured, alkyd amino topcoat | | | |
| | Acid-cure, alkyd amino vinyl sealer | | | |
| | Strippable booth coating | | | |
| | Stains | | | |
| | Thinners | | | |
| | Reducers | | | |
| | Other | | | |

4. DESCRIBE THE METHOD OF APPLICATION :

- a. ☐ Air Atomization
Operating pressure: _____(psi)
- b. ☐ Pressure Atomization (Airless)
- c. ☐ Combined Air and Airless
- d. ☐ High Volume Low Pressure (HVLP)
- e. ☐ Electrostatic
- f. ☐ Other (specify): _____

5. VOC content (%) of cleaning solvent used for equipment cleanup: _____

6. Describe cleanup of application equipment and handling and disposal of VOC: _____

7. Are you applying for consideration under:

- Rule 342 ☐ Appendix A,
☐ Appendix B,
☐ Appendix C.
- Rule 346 ☐ Appendix A,
☐ Appendix B.

SECTION M. ABRASIVE BLASTING

THIS SECTION IS INTENDED FOR ALL PROCESSES, EQUIPMENT, AND RELATED EMISSION CONTROLS ASSOCIATED WITH ABRASIVE BLASTING OPERATIONS.

TYPE OF BLASTING EQUIPMENT: ☐ STATIONARY ☐ PORTABLE

1. ABRASIVE BLASTING EQUIPMENT LIST: List all abrasive blasting equipment. Attach additional sheets if necessary.

| SPECIFY EQUIPMENT TYPE (BLAST BOOTH, ROOM, ENCLOSURE, CABINET, AUTOMATIC MACHINE) – INCLUDE MAKE AND MODEL NUMBER | ABRASIVE BLASTING METHOD USED | HOW MANY? | INTERNAL VOLUME (ft ³) | MAXIMUM PRESSURE (psi) | MAXIMUM AIR FLOW RATE (cfm) | EXHAUST | |
|---|-------------------------------|-----------|------------------------------------|------------------------|-----------------------------|-------------|-----------------|
| | | | | | | VENT TO AIR | VENT TO CONTROL |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

NOTE: Examples of abrasive blasting methods may include: wet abrasive blasting, hydroblasting, vacuum blasting, dry blasting, unconfined blasting, other

2. How is the abrasive blast unit powered (electric, generator)? _____

(If powered by an internal combustion engine, complete Section B of this application)

3. Blast Media: Indicate the type and quantity of each blast media used and attach a material safety data sheet (MSDS).

| TYPE OF BLAST MEDIA | MAXIMUM DAILY USAGE (lbs/day) | MAXIMUM ANNUAL USAGE (tons/yr) | IS BLAST MEDIA CARB CERTIFIED ¹ ? | | |
|---------------------|-------------------------------|--------------------------------|--|----|----------|
| | | | YES | NO | NOT SURE |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

NOTE: ¹Certified by California Air Resources Board (CARB) pursuant to Section 92530 of Subchapter 6, Title 17, California Code of Regulations

4. DESCRIBE SUBSTRATE BEING BLASTED (I.E., METAL, STONE, CONCRETE, ETC.): _____

5. DESCRIBE SUBSTRATE BEING REMOVED (I.E., NON-LEADED PAINT, LEADED PAINT, RUST, ETC.): _____

6. IF LEADED PAINT WAS INDICATED IN ITEM 5, INDICATE THE PERCENT CONCENTRATION OF LEAD IN THE PAINT: _____ %

7. DESCRIBE CONTROL DEVICES:

| TYPE OF CONTROL DEVICE* | MAKE, MODEL, & SERIAL NUMBER | MAXIMUM DESIGN AIR FLOW RATE (CFM) | CONTROL EFFICIENCY (% BY WEIGHT)** |
|-------------------------|------------------------------|------------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |

*ATTACH AN OPERATION AND MAINTENANCE PLAN FOR EACH PIECE OF CONTROL EQUIPMENT LISTED ABOVE.

**PROVIDE WRITTEN DOCUMENTATION OF CONTROL EFFICIENCY (e.g., manufacturer's data or actual test data)

SECTION X1. POINT SOURCE EMISSIONS OF HAZARDOUS AIR POLLUTANTS

COMPLETION OF THIS SECTION IS MANDATORY FOR ALL SITES WHICH WILL HAVE AN ACTUAL EMISSION RATE OF 500 POUNDS PER YEAR OR MORE OF ANY SINGLE FEDERAL HAZARDOUS AIR POLLUTANT (HAP) OR ONE (1) TON PER YEAR OR MORE OF ANY COMBINATION OF HAPS.

| SOURCE EQUIPMENT NAME (1) | HAP NAME AND/OR CAS NUMBER (2) | HAP EMISSION RATE | | STACK OR POINT DISCHARGE PARAMETERS (5) | | | | | | | | |
|------------------------------------|---|----------------------|------------------|---|--|------------------------------|-----------------------------|------------------------------|--|--|---------------|---------------|
| | | (lb/hr) (3) | (tons/yr) (4) | STACK ID | STACK HEIGHT ABOVE GROUND (feet) | BUILDING DIMENSIONS | | | DISTANCE FROM STACK TO NEAREST PROPERTY LINE (feet) | STACK EXIT DATA | | |
| | | | | | | BUILDING LENGTH (feet) | BUILDING WIDTH (feet) | BUILDING HEIGHT (feet) | | DIAMETER or LENGTH x WIDTH (feet) | VEL. (fps) | TEMP. (°F) |
| | | | | | | | | | | | | |
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General Instructions:

- (1) Identify each federal hazardous air pollutant (HAP) emission source and each HAP associated with that emission source for the entire plant site. Use as many lines as necessary for each HAP source.
- (2) Refer to the list of federal HAPS on the last page of the application.
- (3) Pounds per hour (lb/hr) is actual emission rate estimated or measured by applicant to be vented through stack.
- (4) Tons per year is actual annual emission rate estimated or measured by applicant to be vented through stack, which takes into account process operating schedule.
- (5) Supply additional information as follows on a separate sheet if appropriate:
 Stack exit configuration other than a round vertical stack. Show length and width for a rectangular stack. Indicate if discharge is horizontal.
 Show layout of adjacent structures if structure is within 3 times stack height above the ground.

SECTION X2. NON-POINT AREA EMISSION SOURCES FOR HAZARDOUS AIR POLLUTANTS

COMPLETION OF THIS SECTION IS MANDATORY FOR ALL SITES WHICH WILL HAVE AN ACTUAL EMISSION RATE OF 500 POUNDS PER YEAR OR MORE OF ANY SINGLE FEDERAL HAZARDOUS AIR POLLUTANT (HAP) OR ONE (1) TON PER YEAR OR MORE OF ANY COMBINATION OF HAPS.

[illegible]

General Instructions:

- (1) Identify each federal hazardous air pollutant (HAP) emission source and each HAP which is not collected by a capture system and is released to the atmosphere. Use as many lines as necessary for each HAP source.
- (2) Refer to the list of federal HAPS on the last page of the application.
- (3) Pounds per hour (lb/hr) is actual emission rate estimated or measured by applicant to be released from the emission source.
- (4) Tons per year is actual annual emission rate estimated or measured by applicant to be released from the emission source. This value should take into account process operating schedules.
- (5) Release structure: If the non-point (area) emissions source is located inside a building, provide the dimensions of the building. Otherwise, indicate zero for building dimensions.
- (6) Distance to nearest property line is the closest distance from the release structure to the property line.

SECTION Y. OTHER SOURCES

This section is intended for all emissions related activities, equipment and applicable emission controls which are not covered in previous sections. In response to item 2, provide a detailed step-by-step narrative, including how raw materials are handled, stored, processed, mixed, treated, and converted to finished products. Provide flow rates, temperatures, pressures, and other appropriate details concerning each process. Whenever available, provide manufacturer's data sheets and literature. Provide flow diagrams and layouts for each process. Describe in detail how waste materials are generated, handled, stored, processed, mixed, treated and disposed of. An Operation and Maintenance Plan for each air pollution control equipment is required. List each material that is partially recovered, salvaged or otherwise reclaimed. Provide estimates of the quantities of such material recoveries on an annual basis. Describe how the annual quantity figures were developed. USE A SEPARATE SHEET FOR EACH PROCESS OR ACTIVITY.

1. NAME OF PROCESS, EQUIPMENT GROUPING OR ACTIVITY: _____

2. NARRATIVE DESCRIPTION: _____

3. EQUIPMENT LIST: Include machinery, storage silos, tanks, emission control devices, etc., in this list.

| ASSIGNED EQUIPMENT NUMBER | DESCRIBE EACH PIECE OF EQUIPMENT INCLUDE MAKE & MODEL | HOW MANY | DATE OF INSTALLATION | HP, KVA GAL OR OTHER RATING | EXHAUST | |
|---------------------------------|---|-------------|-------------------------|--------------------------------|----------------|-------------------------------|
| | | | | | VENT TO AIR | VENT TO CONTROL (Identify) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

4. MATERIALS LIST:

List all materials handled, stored, processed, used, mixed, treated, or emitted. Include chemicals, mixtures, resins, cleaning compounds, etc., in this list. If a material contains volatile organic compounds (VOC), provide the required details for that material. Identify each material in sufficient detail and provide material safety data sheets (MSDS).

| MATERIAL | ANNUAL USAGE OR THROUGHPUT (gal/yr or lb/yr) | CHEMICAL COMPOSITION (% by weight) | MATERIAL RECLAIMED OR SHIPPED AS WASTE (gal/yr or lb/yr) | EQUIPMENT NUMBER IN WHICH USED |
|----------|--|--|--|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. DESCRIBE CONTROL DEVICES:

| TYPE OF DEVICE | NAME / ID / CAPACITY | DATE OF INSTALLATION | CONTROL EFFICIENCY* (% WEIGHT) |
|----------------|----------------------|-------------------------|--------------------------------------|
| | | | |
| | | | |

*PROVIDE WRITTEN DOCUMENTATION OF CONTROL EFFICIENCY (i.e., manufacturer's data or source test data). Attach the manufacturer's specifications and drawings for each air pollution control device listed. Be sure that the locations of all flow devices and pressure/temperature gauges are indicated. Attach an operation and maintenance plan for each piece of control equipment listed above.

6. OPERATIONAL PARAMETERS: (such as ph of scrubber liquid, temperature of oxidizer, differential pressure for baghouse, etc.)

SECTION Z-NM. AIR POLLUTANT EMISSIONS

Completion of this section is mandatory for all sites which will have total projected actual or total actual air pollutant emissions of 1/2 ton per year or more prior to any separate tail-pipe controls.

PROVIDE A SUMMARY OF THE PROJECTED ACTUAL AIR EMISSIONS ON AN ANNUAL BASIS FOR THE FOLLOWING THREE COLUMNS:

- (i) ONLY THE EQUIPMENT AND PROCESSES DESCRIBED ON THIS NOTIFICATION.
- (ii) THE ENTIRE SITE PRIOR TO THE INSTALLATION OF THE EQUIPMENT AND PROCESSES DESCRIBED IN (i) ABOVE.
- (iii) THE ENTIRE SITE INCLUDING THE EMISSIONS IDENTIFIED IN (i) ABOVE. NORMALLY, THIS COLUMN WILL BE THE SUM OF COLUMNS (i) AND (ii).

| POLLUTANT | ACTUAL EMISSIONS OR PROJECTED ACTUAL EMISSIONS IN POUNDS PER YEAR | | |
|---|--|-------------|--------------|
| | COLUMN (i) | COLUMN (ii) | COLUMN (iii) |
| CARBON MONOXIDE (CO) | | | |
| OXIDES OF NITROGEN (NO _x) | | | |
| OXIDES OF SULFUR (SO _x) | | | |
| PARTICULATES OF 10 MICRONS OR SMALLER (PM ₁₀) | | | |
| TOTAL SUSPENDED PARTICULATES (TSP), INCLUDING PM ₁₀ | | | |
| TOTAL VOLATILE ORGANIC COMPOUNDS (VOC) EXCLUDING NON-PRECURSOR ORGANIC COMPOUNDS | | | |
| LEAD | | | |
| OTHER AIR POLLUTANTS (LIST EACH ONE SEPARATELY): | | | |
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Attach detailed calculations to support the figures in the above summary tables. Do not include the emissions from motor vehicles. Include the emissions from stationary sources, portable sources, test areas, experimental facilities, evaporative losses, storage and handling losses, fuel loading and unloading losses, etc. Specifically identify the following in detailed calculations:

- | | |
|--|-------------------------------|
| 1. EMISSIONS FROM EACH POINT SOURCE AND EACH STACK | 4. OVERALL EFFICIENCIES |
| 2. CAPTURE EFFICIENCIES | 5. FUGITIVE EMISSIONS |
| 3. CONTROL EFFICIENCIES | 6. NON-POINT (AREA) EMISSIONS |

For particulate (dust) emissions, describe the types of particulates being emitted and the quantities of emissions for each type. Identify and quantify each and every type of VOC that is included in the above summary tables. Whenever a material is identified by a trade name, also provide its generic name and its chemical abstract service (CAS) number.

FEDERAL HAZARDOUS AIR POLLUTANTS LIST

(from Federal Clean Air Act, Title I, Section 112(b))

| CAS No. | Chemical name | CAS No. | Chemical name | CAS No. | Chemical name | CAS No. | Chemical name |
|---------|---|---------|---|---------|--|---------|--|
| 75070 | Acetaldehyde | 542756 | 1,3-Dichloropropene | 80626 | Methyl methacrylate | 95476 | o-Xylenes |
| 60355 | Acetamide | 62737 | Dichlorvos | 1634044 | Methyl tert butyl ether | 108383 | m-Xylenes |
| 75058 | Acetonitrile | 111422 | Diethanolamine | 101144 | 4,4-Methylene bis(2-chloroaniline) | 106423 | p-Xylenes |
| 98862 | Acetophenone | 121697 | N,N-Diethyl aniline (N,N-Dimethylaniline) | 75092 | Methylene chloride (Dichloromethane) | 0 | Antimony Compounds |
| 53963 | 2-Acetylaminofluorene | 64675 | Diethyl sulfate | 101688 | Methylene diphenyl diisocyanate (MDI) | 0 | Arsenic Compounds (inorganic including arsine) |
| 107028 | Acrolein | 119904 | 3,3-Dimethoxybenzidine | 101779 | 4,4'-Methylenedianiline | 0 | Beryllium Compounds |
| 79061 | Acrylamide | 60117 | Dimethyl aminoazobenzene | 91203 | Naphthalene | 0 | Cadmium Compounds |
| 79107 | Acrylic acid | 119937 | 3,3'-Dimethyl benzidine | 98953 | Nitrobenzene | 0 | Chromium Compounds |
| 107131 | Acrylonitrile | 79447 | Dimethyl carbamoyl chloride | 92933 | 4-Nitrobiphenyl | 0 | Cobalt Compounds |
| 107051 | Allyl chloride | 68122 | Dimethyl formamide | 100027 | 4-Nitrophenol | 0 | Coke Oven Emissions |
| 92671 | 4-Aminobiphenyl | 57147 | 1,1-Dimethyl hydrazine | 79469 | 2-Nitropropane | 0 | Cyanide Compounds[1] |
| 62533 | Aniline | 131113 | Dimethyl phthalate | 684935 | N-Nitroso-N-methylurea | 0 | Glycol ethers[2] |
| 90040 | o-Anisidine | 77781 | Dimethyl sulfate | 62759 | N-Nitrosodimethylamine | 0 | Lead Compounds |
| 1332214 | Asbestos | 534521 | 4,6-Dinitro-o-cresol, and salts | 59892 | N-Nitrosomorpholine | 0 | Manganese Compounds |
| 71432 | Benzene (including benzene from gasoline) | 51285 | 2,4-Dinitrophenol | 56382 | Parathion | 0 | Mercury Compounds |
| 92875 | Benzidine | 121142 | 2,4-Dinitrotoluene | 82688 | Pentachloronitrobenzene (Quintobenzene) | 0 | Fine mineral fibers[3] |
| 98077 | Benzotrichloride | 123911 | 1,4-Dioxane (1,4-Diethyleneoxide) | 87865 | Pentachlorophenol | 0 | Nickel Compounds |
| 100447 | Benzyl chloride | 122667 | 1,2-Diphenylhydrazine | 108952 | Phenol | 0 | Polycyclic Organic Matter[4] |
| 92524 | Biphenyl | 106898 | Epichlorohydrin (1-Chloro-2,3-epoxypropane) | 106503 | p-Phenylenediamine | 0 | Radionuclides (including radon)[5] |
| 117817 | Bis(2-ethylhexyl)phthalate (DEHP) | 106887 | 1,2-Epoxybutane | 75445 | Phosgene | 0 | Selenium Compounds |
| 542881 | Bis(chloromethyl)ether | 140885 | Ethyl acrylate | 7803512 | Phosphine | | |
| 75252 | Bromoform | 100414 | Ethyl benzene | 7723140 | Phosphorus | | |
| 106990 | 1,3-Butadiene | 51796 | Ethyl carbamate (Urethane) | 85449 | Phthalic anhydride | | |
| 156627 | Calcium cyanamide | 75003 | Ethyl chloride (Chloroethane) | 1336363 | Polychlorinated biphenyls (Aroclors) | | |
| 133062 | Captan | 106934 | Ethylene dibromide (Dibromoethane) | 1120714 | 1,3-Propane sultone | | |
| 63252 | Carbaryl | 107062 | Ethylene dichloride (1,2-Dichloroethane) | 57578 | beta-Propiolactone | | |
| 75150 | Carbon disulfide | 107211 | Ethylene glycol | 123386 | Propionaldehyde | | |
| 56235 | Carbon tetrachloride | 151564 | Ethylene imine (Aziridine) | 114261 | Propoxur (Baygon) | | |
| 463581 | Carbonyl sulfide | 75218 | Ethylene oxide | 78875 | Propylene dichloride (1,2-Dichloropropane) | | |
| 120809 | Catechol | 96457 | Ethylene thiourea | 75569 | Propylene oxide | | |
| 33904 | Chloramben | 75343 | Ethylidene dichloride (1,1-Dichloroethane) | 75558 | 1,2-Propylenimine(2-Methyl aziridine) | | |
| 57749 | Chlordane | 50000 | Formaldehyde | 91225 | Quinoline | | |
| 7782505 | Chlorine | 76448 | Heptachlor | 106514 | Quinone | | |
| 79118 | Chloroacetic acid | 118741 | Hexachlorobenzene | 100425 | Styrene | | |
| 532274 | 2-Chloroacetophenone | 87683 | Hexachlorobutadiene | 96093 | Styrene oxide | | |
| 108907 | Chlorobenzene | 77474 | Hexachlorocyclopentadiene | 1746016 | 2,3,7,8-Tetrachlorodibenzo-p-dioxin | | |
| 510156 | Chlorobenzilate | 67721 | Hexachloroethane | 79345 | 1,1,2,2-Tetrachloroethane | | |
| 67663 | Chloroform | 822060 | Hexamethylene-1,6-diisocyanate | 127184 | Tetrachloroethylene (Perchloroethylene) | | |
| 107302 | Chloromethyl methyl ether | 680319 | Hexamethylphosphoramide | 7550450 | Titanium tetrachloride | | |
| 126998 | Chloroprene | 110543 | Hexane | 108883 | Toluene | | |
| 1319773 | Cresols/Cresylic acid (isomers and mixture) | 302012 | Hydrazine | 95807 | 2,4-Toluene diamine | | |
| 95487 | o-Cresol | 7647010 | Hydrochloric acid | 584849 | 2,4-Toluene diisocyanate | | |
| 108394 | m-Cresol | 7664393 | Hydrogen fluoride (Hydrofluoric acid) | 95534 | o-Toluidine | | |
| 106445 | p-Cresol | 123319 | Hydroquinone | 8001352 | Toxaphene (chlorinated camphene) | | |
| 98828 | Cumene | 78591 | Isophorone | 120821 | 1,2,4-Trichlorobenzene | | |
| 94757 | 2,4-D, salts and esters | 58899 | Lindane (all isomers) | 79005 | 1,1,2-Trichloroethane | | |
| 3547044 | DDE | 108316 | Maleic anhydride | 79016 | Trichloroethylene | | |
| 334883 | Diazomethane | 67561 | Methanol | 95954 | 2,4,5-Trichlorophenol | | |
| 132649 | Dibenzofurans | 72435 | Methoxychlor | 88062 | 2,4,6-Trichlorophenol | | |
| 96128 | 1,2-Dibromo-3-chloropropane | 74839 | Methyl bromide (Bromomethane) | 121448 | Triethylamine | | |
| 84742 | Dibutylphthalate | 74873 | Methyl chloride (Chloromethane) | 1582098 | Trifluralin | | |
| 106467 | 1,4-Dichlorobenzene(p) | 71556 | Methyl chloroform (1,1,1-Trichloroethane) | 540841 | 2,2,4-Trimethylpentane | | |
| 91941 | 3,3-Dichlorobenzidene | 78933 | Methyl ethyl ketone (2-Butanone) | 108054 | Vinyl acetate | | |
| 111444 | Dichloroethyl ether | 60344 | Methyl hydrazine | 593602 | Vinyl bromide | | |
| | (Bis(2-chloroethyl)ether) | 74884 | Methyl iodide (Iodomethane) | 75014 | Vinyl chloride | | |
| | | 108101 | Methyl isobutyl ketone (Hexone) | 75354 | Vinylidene chloride (1,1-Dichloroethylene) | | |
| | | 624839 | Methyl isocyanate | 1330207 | Xylenes (isomers and mixture) | | |

For all listings above which contain the word "compounds" and for glycol ethers, unless otherwise specified, these listings are defined as including any unique chemical substance that contains the named chemical as part of that chemical's infrastructure.

[1] X'CN where X = H' or any other group where a formal dissociation may occur. For example KCN or Ca(CN)₂.

[2] Includes mono- and di- ethers of ethylene glycol, diethylene glycol and triethylene glycol R(OCH₂CH₂)_n-OR' where:

n = 1, 2 or 3

R = alkyl C7 or less, or phenyl or alkyl substituted phenyl

R' = H, or alkyl C7 or less, or carboxylic acid ester, sulfate, phosphate, nitrate, or sulfonate.

[3] Includes mineral fiber emissions from facilities manufacturing or processing glass, rock or slag fibers or other mineral derived fibers of average diameter one (1) micrometer or less.

[4] Includes organic compounds with more than one (1) benzene ring and which have a boiling point greater than or equal to 100°C.

[5] A type of atom which spontaneously undergoes radioactive deca